Docket:	CH-	4	R	ደ	3
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COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
As a below named inventor, I hereby declare that:
TYPE OF DECLARATION
This declaration is of the following type: (check one applicable item below)
original design supplemental
Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do <u>not</u> check next item; check appropriate one of last three items.
national stage of PCT
Note: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
divisional continuation continuation-in-part (CIP)
INVENTORSHIP IDENTIFICATION
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:
TITLE OF INVENTION
ADHESIVE TEXTILE IMPLANT FOR PARIETAL REPAIR

SPECIFICATION IDENTIFICATION

the specification of which: (comp	plete (a), (b) or (c))			
(a) is attached hereto.				
Express Mail N	as Serial No Serial No. not yet known)			
and was amended	on(if applicable)	•		
accorded a filing date by be are those filed with the app	original papers are deposited with the Pi ning referred to in the Declaration. Acco plication papers or, in the case of a su r not encompassed in the original staten	ordingly, the amendments involved pplemental Declaration, are those		
	and claimed in PCT Interest 218 filed on December 14, 2004.	rnational Application No.		
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR				
I hereby state that I have re specification, including the cla	viewed and understand the cont ims, as amended by any amendme	tents of the above-identified ent referred to above.		
I acknowledge the duty to disc in 37, Code of Federal Regulat	close information, which is mater ions, § 1.56,	ial to patentability as defined		
(0	also check the following items, if desired,			
where there is	erial to the examination of this apparance as substantial likelihood that a tant in deciding whether to allow	reasonable Examiner would		
	with this duty, there is attache ordance with 37 CFR 1.98.	d an information disclosure		
PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))				

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

PRIOR FO (6 MC	check item (e), enter the det REIGN/PCT APPLICA DNTHS FOR DESIGN) ANY PRIORITY CLAIN	ATION(S) FI PRIOR TO	LED WITHIN	12 MONTH	S
COUNTRY (OR INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day/month/year)		PRIORITY CLAIMED UNDER 35 USC 119	
France	03 14 695	15 December 2003		⊠ YES	ио □
				YES	NO 🗌
I hereby claim the be provisional application	enefit under Title 35, Unn(s) listed below:	Jnited State	s Code, § 11	9(e) of any U	United Stat
PROVISIONAL APPLICATION NUMBER		FII	LING DATE		

DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the practitioners associated with <u>Customer Number 26530</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Customer Number 26530

Richard J. Streit c/o Ladas & Parry LLP 224 South Michigan Avenue Chicago, Illinois 60604

(312) 427-1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole inventor

Gilles		SOLECKI
(Given Name)	(Middle Initial or Name)	(Family (or Last) Name)
Inventor's signature_	affocech.	
Date 3 su Ket	2006 Country of Citizenship_	France
Residence	Lyz Lez Lannoy, France	
Post Office Address_	106 rue de Cohem, 59390 Lyz Lez Lang	noy, France